HARVEY COUNTY RECORDS REQUEST KANSAS OPEN RECORDS ACT

READ CAREFULLY BEFORE SIGNING

All Records: Pursuant to Chapter 45, Article 2 of the Kansas Statutes Annotated regarding records open to the public, I/we request access or copies of any information/records in the office of the Harvey County Clerk that are authorized as open records. Further I/we certify that I/we do not intend to and will not use, or sell, give or otherwise make available to any other person, any list of names or addresses contained in or derived from the public records provided me, for the purpose of selling or offering to sell any property or services to any person listed or to any person who resides at any address listed, or for the purpose of allowing any other person to sell or offer to sell any property or services to any person listed or to any person who resides at any address on the public records provided me, unless specifically authorized by law.

Election Records and Data: "Use of voter registration lists for commercial purposes is knowingly selling, giving or receiving the information on or derived from voter registration lists with the intent to use such list or information for any commercial purpose. Use of voter registration lists for commercial purposes is a class C misdemeanor. For purposes of this section, compiling, using, giving, receiving, selling or purchasing the information on or derived from voter registration lists, solely for political campaign or election purposes, shall not constitute a commercial use of voter registration lists." K.S.A. 25-2320a

By signing below, I acknowledge that I am aware of and understand Kansas Statutes regarding the use of public records.

Requester's name:				Date
. ,				
Address:(Stre	eet Address)		(City, State,	Zip code)
Daytime Phone: ()		E-Mail:		
Description of information	requested:			
How will information be u	sed?:			
Name of the second				
Signature:				
n what medium do you p	? (circle one):	Paper	Electronically	
How do you wish to obtai	n information? (circle	e one):		
U.S. Mail	Priority Mail	Fax	E-Mail	Pick Up
Office Use Onl				
Fees Charged:	\$ Copies \$ Staff tin \$ Other	(Total number one (Hours	of pages Minutes	@ \$.10 per page) Rate)
Total cost:	\$	Authorized by:		
Request for rec	ords granted			
Request for rec	ords denied. Reason for de	enial:		
Received payment in	full of: \$ (c	ash check) Date p	ayment received:	
Records request com	pleted by:	Date co	mpleted:	